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Suaahara Gender and Social Inclusion Strategy

Submitted to:

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SUAAHARA

Building Strong & Smart Families

Save the Children · Helen Keller International · Jhpiego · Johns Hopkins Bloomberg School of Public Health · Center for Communication Programs

Addressing Gender Equity and Social Inclusion (GESI) in *Suaahara*

Context

A large group of people are identified by the State as disadvantaged/excluded due to their social, economic, cultural and political status. This includes women*, Dalits*, *Janajatis*, M*adhesis*, religious and linguistic and sexual minorities, people living with disabilities, people living in geographically isolated areas, people living below the poverty line, and other groups in special conditions such as people living with HIV and AIDs (PLWHA). These groups continue to face forms of discrimination and exclusion on ground of gender, language, caste, sexual orientation, religion and culture limiting their access to social space, economic and other resources and this has resulted in disparities in nutritional status, access to health services and their health outcomes. *Suaahara* aims to provide more opportunities to improve the nutritional status of children and women of disadvantaged/excluded[1] groups including the most vulnerable in 20 districts living mostly in mountain/high hill and hill regions with a high prevalence of malnutrition.

GESI issues that have the potential to impact nutrition

Suaahara envisages a number of GESI issues in households and communities and service facility level that impact nutrition and expects changes to take place around those issues through various interventions. The issues envisaged at the household level are: women and children are more likely to eat last, less likely to get the same amount and quality of food and less likely to breastfeed and receive adequate complementary foods. In addition, mothers have considerably less decision-making power regarding care than fathers and parents-in-law; women have less or no decision-making power about how to plan/space births and use contraception; women have poorer access to food and health services; women are expected to devote resources to household expenses (children's food and health etc.) while men may not; greater debt among women because of this expectation, and failure to recognize women's role in the family which can lead to overburdening. Additionally, assumptions about men's roles and ability to contribute to the well-being of children work against them or exclude them and men and grandparents may be less likely to share the burden of care for children.

Similarly at the community level the issues envisaged are: poor and disadvantaged groups are likely excluded from women's groups and co-operatives and have poor access to land; female

[1] The terms disadvantaged, marginalized and excluded used here refer to all individuals, social groups, and communities (as mentioned above) that excluded and/or abandoned due to their social, economic, cultural and political status.

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community health volunteers (FCHVs) may be less willing to reach out to marginalized castes, social groups and remote dwellers; government and local NGO programs may neglect or ignore women and marginalized groups or may unintentionally increase burdens on these groups (especially women); marginalized groups may be less likely to take advantage of agriculture services/practices; these groups most likely have much worse access to water and sanitation; marginalized castes and groups may be discriminated against when receiving health services and may therefore access them less because of bad experiences at clinics; marginalized groups have fewer resources to pay for health services; food insecurity is greater among women and marginalized groups—especially if households are headed by single women; women and marginalized groups may have little or no access to education, land, and assets; they are likely more exposed to violence shocks and may be less capable of dealing with them given their limited access to resources; and women and marginalized groups often have greater workloads—this is especially problematic during pregnancy and lactation. Furthermore, low self-efficacy likely reduces marginalized groups' ability to act and women and marginalized groups may be less likely to use services and outreach for food, care and health.

Process: strategies to help programs address GESI issues

Suaahara considers the processes by which the most marginalized groups are affected and takes into account the issues around gender inequities and social exclusion that impact nutrition and health while designing activities so that programs can achieve positive nutritional outcomes among marginalized social groups. Some of *Suaahara's* GESI strategies include:

- Baseline survey and formative research are keys to identifying key aspects of gender equity and social inclusion. Some of the determinants, such as socio-economic status of women, women's decision making power, time allocation, work load, household food distribution, and participation of marginalized communities are conceptualized and incorporated in baseline survey themes. Similarly, the aspects of structural and underlying barriers, gendered norms beliefs and behaviors that promote gender inequity and exclusion affecting nutrition of women and children are conceptualized in formative research.
- Social mapping is one of the major tools to identify ultra poor, excluded communities and social groups including religious, language and sexual minorities, female headed households, persons with disabilities, people living with HIV and AIDS and other socially excluded and vulnerable groups. These targeted approaches are designed to reach poor and socially excluded communities.
- Review BCC materials relating to IYCF and hygiene and sanitation from a GESI perspective. *Suaahara* will engage in these activities to determine whether they are sensitive to gender and social inclusion as well as transformative in nature. Additionally, materials developed as part of the project will address identified gaps.
- Develop and use a module on GESI in an integrated training package of essential nutrition and hygiene action and key messages. This will be taken all the way down to the community level.

- Help address *practical* gender needs, short-term activities that help women fulfill their already defined gender roles, as well as *strategic* gender needs/interests in helping communities identify unequal gender relations and changing power and control to benefit both women and men.
- Interventions reach marginalized individuals/households (geographically/ ethnically/economically marginalized) in a way that is both effective and context specific.
- FCHVs and volunteers reach marginalized/socially excluded households and spend the quantity and quality time needed to improve families' well-being, including the nutrition of women and children.
- An enabling environment is created such that men and others who have an influence on a variety of health, agriculture and hygiene behaviors are supportive and where appropriate, included in program strategies (support groups, networks, and interaction between duty bearers (service providers) and rights holders (service users) etc).
- Identify positive deviants (including positive deviants from marginalized groups) and conduct positive deviance inquiries to determine how they are able to achieve favorable outcomes or practice optimal feeding, care and health practices.
- Learn from AAMA interventions in food insecure districts to address GESI concerns. Modifications to AAMA programs might include: re-examining selection criteria for village model farmers (VMFs), rewarding VMFs who more actively reach out to Homestead Food Production target groups, rewarding VMFs who include disadvantaged groups in meetings (either separate meetings or integrated into existing groups), selecting VMFs from excluded groups, addressing limited access to land by equipping marginalized castes to negotiate greater access to land, identifying low-risk doable actions marginalized castes can try to increase food production, targeting marginalized castes and groups in poultry production, and forming groups among women and marginalised castes to improve market access.
- Use of different forums to maximize the participation of excluded social groups.
- Pilot context specific innovations for addressing GESI issues and empowering women and marginalized castes and groups.
- Preventing situations where women (mothers, FCHVs, VMFs, etc.) become overloaded by expectations, including expectations about responsibilities. Ensuring that programs are sensitive to the triple roles of women (family, productive and social/community).
- Monitoring and evaluation to track outcomes such that access to nutrition, health and hygiene messages and services is equitable This includes the use of qualitative methods and tools are applied, thereby representing the voices of marginalized social groups and reviewing progress on a regular basis to make required adjustments in programming. *Suaahara* will also use indicators to ensure that girls and women from disadvantaged/marginalized communities are a focus and actively participate in the project. Process indicators are developed to monitor changes by disaggregating based on gender and caste/ethnicity wherever possible.

Changes that *Suaahara* foresees:

- Families treat girls and boys equitably with respect to care giving.

- Women have requisite knowledge experience no difficulties practicing newly acquired behaviors due to gendered rules and structural barriers in the family.
- Women have the capacity make decisions about their children's nutrition and health.
- Men are involved in family/household chores (rearing and caring of children, preparing food, etc.) to support women.
- Parents-in-law and other members of the family take responsibility for improving the nutrition of mothers and children.
- Women who work in small-scale agriculture and large farms (agri-labor) share workloads and are able to breastfeed.
- Women from marginalized communities and excluded social groups participate in mothers' groups and address gender inequities as well as challenges associated with social exclusion.
- More women from marginalized communities and excluded social group are VMFs and network with similar programs and organizations.
- Knowledge and practices do not differ based on social groups (cast/ethnicity, class and age group) - relating to food/nutrition and health -hygiene sanitation.
- Programs do not have a differential positive (or negative) effect on men, women, boys and girls. The same is true for age groups, caste or ethnic groups and socioeconomic status.